



STATE OF WEST VIRGINIA
APPLICATION FOR LEAVE FOR
FEDERAL FAMILY and MEDICAL LEAVE, STATE PARENTAL
LEAVE, and/or MEDICAL LEAVE OF ABSENCE WITHOUT PAY
(Note: FMLA can be paid or unpaid; Parental Leave and Medical Leave of Absence are unpaid)

EMPLOYEE NAME:		WORK AND HOME TELEPHONE NUMBERS:	
EMPLOYEE ADDRESS (Street Address, City, State, and Zip Code)			
WORK UNIT/SECTION:		DIVISION:	
I AM MAKING APPLICATION FOR PARENTAL, FAMILY, and/or MEDICAL LEAVE WITHOUT PAY FOR THE FOLLOWING REASON: <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Personal Illness <input type="checkbox"/> Birth of a Child <input type="checkbox"/> Military Caregiver</div><div><input type="checkbox"/> Illness of Family Member - Specify Member: _____ <input type="checkbox"/> Adoption/Foster Child Placement <input type="checkbox"/> Qualifying Exigency Military</div></div>			
PERIOD OF LEAVE:		TO BE TAKEN:	
FROM Date: _____	_____ A.M. P.M.	<input type="checkbox"/> Continuously	
TO Date: _____	_____ A.M. P.M.	<input type="checkbox"/> Intermittently*	
I AM REQUESTING THE LEAVE BE PAID AND/OR UNPAID AS FOLLOWS: <div style="text-align: center; margin-top: 10px;">_____ Hours Paid (annual) _____ Hours Paid (sick) _____ Hours Unpaid</div> <p style="text-align: center; margin-top: 10px;"><i>Appropriate, available paid sick and annual leave must be used to cover leave taken for FMLA qualifying events.</i></p>			
EMPLOYEE SIGNATURE:		APPLICATION DATE:	
<input type="checkbox"/> Approved IMMEDIATE SUPERVISOR SIGNATURE:		<input type="checkbox"/> Approved AGENCY-AUTHORIZED SIGNATURE:	
<input type="checkbox"/> Disapproved		<input type="checkbox"/> Disapproved	
DATE:		DATE:	

*** IF INTERMITTENT LEAVE IS BEING REQUESTED, PLEASE SPECIFY DATES AND TIMES:**

NOTE: In addition to the leave available under the federal Family and Medical Leave (FMLA) and State Parental Leave Acts, the Division of Personnel's *Administrative Rule*, W. VA. CODE R. §143-1-1 *et seq.*, also provides for leave, both paid and unpaid, if an employee meets eligibility requirements and requests the leave for a qualifying event. If the leave qualifies under both the federal and State law, and/or the *Administrative Rule*, the leave entitlement under each will exhaust concurrently. A completed and current DOP-L3, DOP-L5, DOP-L6, DOP-L7, or DOP-L8 certification, as applicable, must be included with this application or be on file. Form DOP-L7 or DOP-L8, as applicable, is required when requesting Military FMLA leave.